

**A RESOLUTION ESTABLISHING A VOLUNTARY REDUCED HOURS PROGRAM, VOLUNTARY FURLOUGH PROGRAM, VOLUNTARY INCREASE IN BENEFIT PREMIUMS AND VOLUNTARY REDUCTION IN VEBA BENEFIT AMOUNTS AND AUTHORIZING EXTENTION OF THE PROGRAMS TO REPRESENTED EMPLOYEES.**

**WHEREAS**, financial forecasts indicate Cowlitz County will be unable to sustain current levels of services within available resources; and

**WHEREAS**, the County needs to take immediate action to continue to reduce its expenditures in order to operate within its fiscal constraints and 2009 budget; and

**WHEREAS**, establishing a Voluntary Furlough Program whereby employees may voluntarily take days off without pay, a Voluntary Reduced Hours Program whereby employees may voluntarily reduce the number of regular hours worked, a Voluntary Increase in Employee Health Insurance Benefit Premiums Program whereby employees may voluntarily agree to increase the employee's contribution to group health insurance premiums, and a Voluntary Reduction in VEBA Benefit Dollars Paid by the County Program will further assist in reducing County expenditures; and

**WHEREAS**, extending the provisions of the Voluntary Reduced Hours Program, Voluntary Furlough Program, Voluntary Increase in Health Benefit Premiums Program and Voluntary Reduction in VEBA Benefit Dollars Paid by the County Program to represented employees will serve to further reduce County expenditures;

**NOW, THEREFORE**, the Board of County Commissioners hereby resolves as follows:

A. A Voluntary Reduced Hours Program for employees is established for the period May 1, 2009 through December 31, 2009, as follows: A full-time benefit eligible employee may volunteer to reduce the number of regular hours worked by up to a maximum of one standard work day every two weeks.

B. A Voluntary Furlough Program for employees is established for the period of May 1, 2009 through December 31, 2009 as follows: A regular full-time, benefit eligible Employee may submit a request to voluntarily take up to twenty (20) days of leave without pay, also known as "furlough days."

C. A Voluntary Reduction in VEBA Benefit Dollars Paid by the County Program for employees is established for the period of May 1, 2009 through December 31, 2009 as follows: The employee elects to accept a reduction of VEBA Benefit Dollars Paid by the County in any amount of 5% or more of their base salary per month effective for the paycheck due on the 10<sup>th</sup> of the month of the next available pay period.

D. A Voluntary Increase in Employee Health Insurance Benefit Dollars Program for employees is established for the period of May 1, 2009 through December 31, 2009 as follows: The employee elects to increase their benefit insurance premium by 5% or more of their base salary not to exceed \$650 per month effective for the paycheck due on the 10<sup>th</sup> of the month of the next available pay period.

E. Participation in the Voluntary Reduced Hours or Voluntary Furlough programs is subject to the following terms and conditions:

1. The County agrees to maintain its full-time contributions toward medical, dental and life insurance benefits, longevity, and the step increase eligibility date and seniority date of the employee. Annual and sick leave accruals and holiday pay will be earned at the full-time rate.

2. The participating employee understands and accepts that retirement contributions are based upon a percentage of actual earnings; therefore, the voluntary reduction of hours and paid working days will result in a decrease in the employee's retirement contributions.

3. Enrollment in the Voluntary Reduced Hours or Voluntary Furlough program is conditioned upon the employee's agreement that participation is subject to the Employing Official's discretion and approval, and denial or rescission of an employee's enrollment shall not be subject to any claim or grievance.

4. The participating employee shall return to working full-time in the event the Employing Official so directs the employee. This program shall be a pilot program, subject to review and rescission at the discretion of the Board of County Commissioners, subject only to 14 days notice to the participating employee.

F. Except as expressly provided in this resolution, all terms and conditions of the Cowlitz County Personnel Manual continue in full force and effect.

G. The Personnel Director is authorized to execute Memoranda of Understanding with the County's represented employees upon terms consistent with this resolution.

SIGNED this \_\_\_\_\_ day of \_\_\_\_\_ 2009

**BOARD OF COUNTY COMMISSIONERS,  
COWLITZ COUNTY, WASHINGTON**

\_\_\_\_\_  
George Raiter, Chairman

ATTEST:

\_\_\_\_\_  
Axel Swanson, Commissioner

\_\_\_\_\_  
Vickie Musgrove  
Clerk of the Board

\_\_\_\_\_  
Kathleen A. Johnson, Commissioner



# 2009 Cowlitz County Voluntary Furlough Day Agreement

Employee Name  
(Check one)

Office / Department

Non-represented employee  
 Employee represented by \_\_\_\_\_

The Employee and Employing Official agree to and understand the following:

1. For the balance of calendar year 2009, the employee named above voluntarily agrees to take \_\_\_\_\_ furlough days (leave without pay) up to a maximum of 20 days.

The furlough days are (check one):  to be determined by mutual agreement or  as indicated below (enter dates):

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| / | / | / | / | / | / | / | / | / | / |
| / | / | / | / | / | / | / | / | / | / |

2. The County agrees to maintain full County-paid benefits for the employee (includes full-time contributions to medical, dental and basic life (unless otherwise agreed upon), and annual leave accruals, sick leave accruals, and holiday pay at the full-time rate.) The longevity bonus (if applicable) will be paid based on full-time hours.
3. The furlough days will not count as a break in service and the employee's step increase date, seniority date, and probation date (if applicable) will not be adjusted. Employees who use furlough days before and/or after a holiday will be paid for the holiday.
4. Retirement contributions are based upon a percentage of actual earnings; therefore, the reduction in hours will result in decreased contributions. In addition, retirement benefits may be adversely affected if the employee retires in two years for PERS 1 or five years for PERS 2 or 3. (Employees will earn a full service credit for each month in which they are compensated for 90 or more hours. However, the salary reduction may affect the benefit upon retirement if the reduced hours are part of the average final compensation. For PERS 1 & 2, the monthly benefit is 2% x service credit years x average final compensation. For PERS 3, the monthly benefit is 1% x service credit years x average final compensation.)
5. Non-exempt employees working a schedule that includes hours over eight in a day must also complete a flexible schedule agreement which waives overtime for hours worked in excess of eight hours in a day. Check here  if you will be completing a new flex agreement.
6. The employee agrees to return to working full-time in the event that the Department so directs the employee.
7. It is understood that the above agreement is only for the calendar year 2009. This offer is further subject to approval by the employee's supervisor, the employing official, and Personnel. Once accepted, the offer may not be withdrawn or revoked by the employee.
8. Denial or rescission of any request shall not be subject to any claim or grievance.
9. This program is subject to review and rescission by the Board of County Commissioners with 14 days notification to participating employees, unless otherwise mutually agreed. This program shall not be part of any contract of employment, nor shall it constitute an employment contract binding on the County.

\_\_\_\_\_  
Employee Name (Please Print)

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

Request:  Approved  Denied

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Supervisor's Signature & Date

\_\_\_\_\_  
Supervisor's Printed Name

Request:  Approved  Denied

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Employing Official's Signature & Date

\_\_\_\_\_  
Employing Official's Printed Name

**RETURN COMPLETED FORM TO PERSONNEL AS SOON AS POSSIBLE**

# 2009 Cowlitz County Voluntary Increase In Employee Health Insurance Benefit Premium Agreement

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Office / Department

(Check one)  Non-represented employee  
 Employee represented by \_\_\_\_\_

For the purpose of aiding Cowlitz County in reducing projected budget deficits in calendar year 2009 while seeking to maintain employment opportunities and current employee benefits, the undersigned Employee agrees to and understands the following:

1. For the balance of calendar year 2009, the employee named above voluntarily offers to increase his/her Employee Health Benefits Premiums by **5% or more of their base salary not to exceed \$650** as indicated below.
2. I elect to increase my employee contribution to health insurance premiums \$\_\_\_\_\_ per month.  
  
**The above selection becomes effective for the paycheck received on the 10<sup>th</sup> of the month for the next available pay period.**
3. It is understood that the above offer is only for the calendar year 2009. The offer is further subject to approval by the employee's supervisor and Personnel. Once accepted, the offer may not be withdrawn or revoked by the employee.
4. Denial or rescission of any request shall not be subject to any claim or grievance.
5. This program is subject to review and rescission by the Board of County Commissioners with 14 days notification to participating employees, unless otherwise mutually agreed. This program shall not be part of any contract of employment, nor shall it constitute an employment contract binding on the County.

\_\_\_\_\_  
Employees Name (Please Print)

\_\_\_\_\_  
Employee's Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

|  |
|--|
| Request: <input type="checkbox"/> Approved <input type="checkbox"/> Denied |
| _____<br>Supervisor's Signature & Date                                     |
| _____<br>Supervisor's Printed Name   |

|  |
|--|
| Request: <input type="checkbox"/> Approved <input type="checkbox"/> Denied |
| _____<br>Personnel/Payroll Signature & Date                                |

**RETURN COMPLETED FORM TO PERSONNEL AS SOON AS POSSIBLE**

**2009 Cowlitz County Voluntary Reduction In VEBA Benefit Dollar Agreement**

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Office / Department

(Check one)  Non-represented employee  
 Employee represented by \_\_\_\_\_

For the purpose of aiding Cowlitz County in reducing projected budget deficits in calendar year 2009 while seeking to maintain employment opportunities and current employee benefits, the undersigned Employee agrees to and understands the following:

1. For the balance of calendar year 2009, the employee named above voluntarily offers to accept a reduction of VEBA benefit dollars paid by the County in any amount of 5% or more of their base salary per month as indicated below.

2. I elect to accept a reduction of \$\_\_\_\_\_ per month.

**The above selection becomes effective for the paycheck received on the 10<sup>th</sup> of the month for the next available pay period.**

3. It is understood that the above offer is only for the calendar year 2009. The offer is further subject to approval by the employee's supervisor and Personnel. Once accepted, the offer may not be withdrawn or revoked by the employee.

4. Denial or rescission of any request shall not be subject to any claim or grievance.

5. This program is subject to review and rescission by the Board of County Commissioners with 14 days notification to participating employees, unless otherwise mutually agreed. This program shall not be part of any contract of employment, nor shall it constitute an employment contract binding on the County.

\_\_\_\_\_  
Employees Name (Please Print)

\_\_\_\_\_  
Employee's Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

Request:  Approved  Denied

\_\_\_\_\_  
Supervisor's Signature & Date

\_\_\_\_\_  
Supervisor's Printed Name

Request:  Approved  Denied

\_\_\_\_\_  
Personnel/Payroll Signature & Date

**RETURN COMPLETED FORM TO PERSONNEL AS SOON AS POSSIBLE**